

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

18-088504  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER AMENDMENT		AFTER REAMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	2	↓		↓		↓
TOTAL DER.	0					
TOTAL CLAIMS						

	A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS